Attorney Docket No.: 3COM-3766.BCG.US.P



ADFMARY	<u>IN</u>	THE	UNITED STA	ATES PATEN	T AND	TRADEMA	ARK (OFFICE		
Thereby bearing of depos	First Class	this tra Postag	nsmittal of the below des e and addressed to the (scribed document is be Commissioner for Pate	ing deposited nts P.O. Box 1	with the United S 450, Alexandria,	States Po VA 2231	stal Service in 13-1450, on th	an envelope e below date	
Date of Deposit	10/28	1/04	Name of Person Making the Deposit:	John F. Ryan		ture of the Persor g the Deposit:	' Je	hIT	Ry-	
In re A	Applicatio	n of:	Alan Rubinstein ar	nd Gary Wang			F	RECE	IVED	
Applic	ation No).: 1C	0/082,489		Examine	er: Nguyen,	Lee	NOV 0	3 2004	
Filed:	02/22/0	2			Art Unit:	2682	Tec	chnology	Center 2600	
Confir	mation N	No.: 3	3729						•	
For: 2	A NETWO	ORK W	VIRELESS ACCES	S INTELLIGENT	CONCEN	TRATOR SYS	STEM A	ND METHO	OD	
P.O. I	nissioner Box 1450)								
Alexandria, VA 22313-1450 AMENDMENT TRANSMITTAL										
1.	Transr	nitted	herewith is an am	endment for this	application					
	(<u>13</u> ransmitt Other:	she	rewith are	sheets of sub			•	tent applic	ation.	
2.	Applica	ant is	other than a small	•						
				Extension	of Tern	n				
3.	The pr	ocee	dings herein are fo	r a patent applica	ation and th	ne provisions	of 37 (C.F.R. 1.13	36 apply.	
(a)	[X]	[X] Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)								
			Extension [X] one months [] two months [] three mont [] four month	s ths	<u>Fee</u> \$110.00 \$430.00 \$980.00 \$1,530.0)				
					Fee \$	110.00				
If an a	dditional	exte	nsion of time is req	juired, please cor	nsider this	a petition the	refor.			
(b)	[]	beir	olicant believes that ng made to provide d for a petition for	e for the possibilit	y that appl					

11/02/2004 FMETEKI1 00000039 10082489

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110.00 OP

Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)										
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total					
Total Claims	19	- 20 =		x \$18.00						
Independent Claims	3	- 3 =		x \$88.00						
Multiple Dependent Claim Fee (one or more, first added by this \$300.00 amendment)										
Total Fees										

PAYMENT OF FEES

- 5. The full fee due in connection with this communication is provided as follows:
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.

 A duplicate copy of this authorization is enclosed.
- [X] A check in the amount of \$110.00
- [] Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

WAGNER, MURABITO & HAO LLP

Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060 Customer No: 41066

Respectfully submitted,

Date: 10/28/04

John F. Ryan Reg. No. 47,050